

South Carolina Department of Social Services
Child Care Regulatory Services

Request for Fingerprint Cards

County: _____

License/Approval/Registration #: _____ New Facility: _____
YES/NO

Director's/Operator's Name: _____

Facility Name: _____

Facility Mailing Address: _____

Telephone #: _____
(Area Code) (Phone Number)

Please send _____ fingerprint cards to the above address.
(Number)

NOTE: Please mail this request to your regional office. If you do not need fingerprint cards, you do not need to submit this request.